Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 - MAIN BUILDING 01 COMPLETED TN5303 B. WING 01/27/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1520 GROVE ST BOX 190 KINDRED NURSING AND REHABILITATION -LC LOUDON, TN 37774 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) N 831' 1200-8-6-.08 (1) Building Standards N 831 (1) A nursing home shall construct, arrange, and It is the practice of the facility to maintain maintain the condition of the physical plant and the physical plant and overall nursing home the overall nursing home environment in such a environment in such a manner that the safety manner that the safety and well-being of the and well-being of the residents is assured to residents are assured. include; absence of odor As verified by the inspection team during the 01/28/14 exit conference on January 27, 2014 the odor was not witnessed in repeated visits after the This Rule is not met as evidenced by: initial visits into the dish room. The kitchen Based on observation and interview, it was staff and the maintenance staff will continue determined the facility failed to maintain the to monitor and eliminate the source of any plumbing system. unwanted odor that is discovered. The findings include: Observation on January 27, 2014 at 5:50 a.m. confirmed the kitchen dishwashing room had an odor of raw sewage. Interview with dietary staff confirmed this has been this way for at least 6-months. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on January 27, 2014. N 848; 1200-8-6-.08 (18) Building Standards N 848 It is the practice of this facility to ensure (18) It shall be demonstrated through the negative air pressure is maintained in the submission of plans and specifications that in soiled utility and any such soiled places and each nursing home a negative air pressure shall that a positive air pressure is maintained in be maintained in the soiled utility area, toilet clean areas such as clean linen and clean room, janitor 's closet, dishwashing and other utility areas. such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, Clean linen was removed from the storage 01/29/14 but not limited to, clean linen rooms and clean room across from the high voltage electrical utility rooms. room by the housekeeping staff. The storage room across from the high 01/29/14 voltage electrical room will no longer be This Rule is not met as evidenced by: used for storage of clean linen or another

livision of Health Care Facilities
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

1. M. Dusti

EXECUTIVE DIRECTOR

continuation sheet 1 of 2

Division of Health Care Facilities						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES		(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING; 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ļ	
	<u></u>	TN5303	B. WING		01/2	7/2014
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
KINDRED NURSING AND REHABILITATION -LC 1520 GROVE ST BOX 190 LOUDON, TN 37774						
244.65	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ON	(X5)
(X4) ID PREFIX TAĞ	/EACH DESIGNENC?	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE PRIATE	COMPLETE DATE
N 848	Continued From pa	age 1	N 848			1 1
	Based on observation determined the factorage areas were The findings included. Observation on confirmed the clean provided with an air 2. Observation on confirmed the laun was at a negative. These findings we Supervisor and active.	ion and interview, it was ility failed to ensure clean linen e at a positive air pressure. e: January 27, 2014 at 5:30 a.m. n linen storage room across ge electrical room was not ir supply. January 27, 2014 at 5:40 a.m. dry dryer room (clean side) air pressure. re verified by the Maintenance knowledged by the ng the exit conference on		item that would need a positive air fle This will be monitored daily by the Maintenance Director or designee.  A new door will be installed by a lice contractor to include a self closer and positive latch to allow the positive ai pressure to be maintained in the laun dryer room (clean side) as well as an fan installed to create negative press the soiled area of the laundry.  The positive and negative airflow wi monitored daily by the Maintenance or designee.	ensed  l a  r  dry  exhaust  ure in	03/14/14
				·		i <b>i</b>
				,		<u> </u>
	1		<u> </u>			_